

# Arkansas Insurance Department

ACCOUNTING DIVISION  
1200 WEST THIRD STREET  
LITTLE ROCK AR 72201-1904  
(501) 371-2605  
FAX (501) 371-2629  
[www.state.ar.us/insurance/](http://www.state.ar.us/insurance/)

---

## INSTRUCTIONS FOR FILING COMPANIES FINANCIAL REGULATION FEE (CFRF) FORM

**PLEASE READ AND FOLLOW THE INSTRUCTIONS BELOW. IT COULD SAVE YOU TIME AND SAVE YOUR COMPANY BEING CHARGED PENALTIES.**

The Companies Financial Regulation Fee (CFRF) is due in the **Accounting Division** of the Arkansas Insurance Department **no later than June 30th of each year**. We **do not** honor the postmark, so make sure that your filing is received by the due date. The form is available on our website, do not sent it with premium tax payments. Any filing received after June 30th is subject to late penalty. Please do not confuse this fee with the Fraud Assessment fee that is also due on June 30th. They are two separate filings.

**You are required to go to our website each year and download the current year's form.** If you do not have access to the internet to download the form, please inform the Accounting Division, **in writing**, that you will need forms mailed to your company and to what address they should be mailed. **Do not wait until June to notify the Accounting Division of this need.** They will need time to download the form and get it mailed to you, in order for you to complete and mail it back by the due date. **There will be no notice sent that this is due, so please mark your calendar and your files.**

**It is required that the form be submitted on 8 1/2 x 14, legal size paper.** You may have to change the print settings so that the form will print on legal size paper. It may not print on legal size paper automatically. **Any forms received on 8 1/2 x 11 paper will not be accepted and will be returned to you to correct.** This could result in your filing being late, so please be sure to file on the correct size paper. **Do not change the margins! This will cause the form to not print correctly on the paper. The form should cover the whole page.**

**Under no circumstances are the forms to be reproduced, altered, or changed.** This means that the form can not be reproduced on your computer nor should you white out or cross out words that do not pertain to you. **You must file on the original form, handwritten or typed, with original signatures and notary. The form is not designed to be filled out on the computer. It must be printed and then filled out. We do not accept software produced forms. You must use our form.**

**It is required that all blanks on the form be completed.** (with the exception of the box labeled do not write in box) **The contact person should make sure that the form is completed entirely before mailing to ensure that it will not be returned due to no signature, not being notarized, etc. The form is not considered received until it is received completed entirely and correctly.**

**DO NOT SEND THIS FORM AND PAYMENT ALONG WITH ANY OTHER FILING OR PAYMENT.**

**All checks must be made payable to: THE STATE INSURANCE DEPARTMENT TRUST FUND.**

**Return the form with a company check to:**

Arkansas Insurance Department  
Attn: Accounting Division  
1200 West Third Street  
Little Rock AR 72201-1904

**Submit one form and one check for each company.** If you send one check for several companies, it will not be accepted and will be returned. **You do not need to send a copy of your annual statement pages with your filing, they are not needed.**

**Make sure you notify your company premium tax area of the amount being paid to the Insurance Department. This amount will be reported on your premium tax filing made March 1, 2005.**

If you have any questions or need assistance, contact Carla Kincannon in the Accounting Division at (501) 371-2612.



# Arkansas Insurance Department

1200 West Third Street  
Little Rock, AR 72201-1904  
1-501-371-2600  
1-800-282-9134  
Fax 1-501-371-2618  
[www.state.ar.us/insurance](http://www.state.ar.us/insurance)

Mike Huckabee  
Governor

Mike Pickens  
Commissioner

## Divisions

**Administration**  
1-501-371-2620  
1-501-371-2629 Fax  
[insurance.Administration@  
mail.state.ar.us](mailto:insurance.Administration@mail.state.ar.us)

**Accounting**  
1-501-371-2605  
[insurance.Accounting@  
mail.state.ar.us](mailto:insurance.Accounting@mail.state.ar.us)

**Consumer Services**  
1-501-371-2640  
1-800-852-5494  
1-501-371-2749 Fax  
[insurance.Consumers@  
mail.state.ar.us](mailto:insurance.Consumers@mail.state.ar.us)

**Finance**  
1-501-371-2665  
1-501-371-2747 Fax  
[insurance.Finance@  
mail.state.ar.us](mailto:insurance.Finance@mail.state.ar.us)

**Human Resources**  
1-501-371-2815  
[insurance.Human.Resources@  
mail.state.ar.us](mailto:insurance.Human.Resources@mail.state.ar.us)

**Information Systems**  
1-501-371-2657  
[insurance.Information.Systems@  
mail.state.ar.us](mailto:insurance.Information.Systems@mail.state.ar.us)

**Insurance Fraud Investigation**  
1-501-371-2790  
1-501-371-2799 Fax  
[insurance.Fraud@  
mail.state.ar.us](mailto:insurance.Fraud@mail.state.ar.us)

**Legal**  
1-501-371-2820  
[insurance.Legal@  
mail.state.ar.us](mailto:insurance.Legal@mail.state.ar.us)

**License**  
1-501-371-2750  
[insurance.License@  
mail.state.ar.us](mailto:insurance.License@mail.state.ar.us)

**Life & Health**  
1-501-371-2800  
[insurance.L&H@  
mail.state.ar.us](mailto:insurance.L&H@mail.state.ar.us)

**Property & Casualty**  
1-501-371-2800  
1-501-371-2748 Fax  
[insurance.P&C@  
mail.state.ar.us](mailto:insurance.P&C@mail.state.ar.us)

**Risk Management**  
1-501-371-2690  
[insurance.Risk.Management@  
mail.state.ar.us](mailto:insurance.Risk.Management@mail.state.ar.us)

**Senior Health Insurance  
Information Program  
("SHIIP")**  
1-501-371-2782  
1-800-224-6330  
1-501-371-2749 Fax  
[insurance.Seniors@  
mail.state.ar.us](mailto:insurance.Seniors@mail.state.ar.us)

June 1, 2004

**TO:** ALL LICENSED INSURERS, HEALTH MAINTENANCE ORGANIZATIONS, FARMERS MUTUAL AID ASSOCIATIONS, FRATERNAL BENEFIT SOCIETIES, HOSPITAL AND MEDICAL SERVICE CORPORATIONS, STIPULATED PREMIUM PLAN INSURERS, RECIPROCAL INSURERS, TITLE INSURERS AND PREPAID LEGAL INSURANCE COMPANIES

**FROM:** ARKANSAS INSURANCE DEPARTMENT

**SUBJECT:** **ANNUAL PAYMENT DUE NO LATER THAN JUNE 30, 2004 UNDER RULE AND REGULATION 56 AS TO ADMINISTRATIVE AND REGULATORY FEES BASED UPON ARKANSAS PREMIUM VOLUME**

It is time once again for payment of the annual administrative or regulatory fee under Rule & Regulation 56, due in 2004 from your Company, HMO, Society or Association, and based on your premium or co-payment volume in the State of Arkansas during calendar year 2003.

Use the enclosed reporting Form AID AC CFRF and return it to the Department with your fee **BEFORE OR BY JUNE 30, 2004. We do not honor the postmark so ensure delivery on time please. Do not send with any other filing or payment.**

The Form AID AC CFRF enclosed lists premium volume amounts as well as the fee amount due for your convenience, as mandated by Act 652 of 1993 codified as Arkansas Code Ann. § 23-61-703 in pertinent part, and Rule and Regulation 56. **If your Company is under supervision, suspended licensure in Arkansas or any other state, or court-ordered conservation/rehabilitation/liquidation, then simply note on the enclosed form, sign it as requesting an exemption, and return the form to this Department promptly. YOU STILL HAVE TO FILE THE FORM BY THE DUE DATE.** The Commissioner has issued his Order Number 95-31, signed April 3, 1995, to grant automatic waivers to any eligible licensee in this situation, and this will ensure we note our records accordingly. Your domiciliary department or Receiver/Deputy Receiver may sign this form on your behalf. Please direct your calls to our Legal Division at (501) 371-2820 if you wish to obtain a copy of this Order or have other legal questions. **If you have questions about the form, call our Accounting Division at (501) 371-2612.**

For those insurers writing only reinsurance here or otherwise writing no direct Arkansas premiums or co-payments due to inactivity or for any other reason under still active licensure in 2003, **pay the minimum amount of \$500 due as Act 652 of 1993 mandates. Annuity considerations are to be included in calculating this fee amount under that Act also.**

**Return the Form with a company check to:**

**Arkansas Insurance Department  
ATTN: ACCOUNTING DIVISION  
1200 West Third Street  
Little Rock, AR 72201-1904**

Please notify your company premium tax area of the amount being paid to the Insurance Department. **This amount will be reported on your premium tax filing made March 1, 2005.**

Very truly yours

Mike Pickens  
Insurance Commissioner

**Comprehensive Health  
Ins. Pool ("CHIP")**  
1-800-238-8379

**Earthquake Insurance  
Hot Line**  
1-800-852-5494

**ARKids First  
Healthcare Insurance**  
1-888-474-8275



ARKANSAS INSURANCE DEPARTMENT  
ATTN: ACCOUNTING DIVISION  
1200 West Third Street  
Little Rock, AR 72201-1904  
501-371-2612

Form AID AC CFRF  
Rev. 1/04

RULE & REGULATION 56  
COMPANIES' FINANCIAL REGULATION FEE  
REPORT AS OF DECEMBER 31, 2003

5 Digit NAIC Number \_\_\_\_\_

Name of Person  
Filling Out Form \_\_\_\_\_

Phone Number  
Of Person Above \_\_\_\_\_

CHECK MUST BE MADE PAYABLE TO: THE STATE INSURANCE DEPARTMENT TRUST FUND. SEND ONE  
CHECK FOR EACH COMPANY'S FORM. **DO NOT SENT THIS FORM & PAYMENT WITH ANY OTHER FILING.**

\_\_\_\_\_  
(Name of Company, HMO, Society or Association)

\_\_\_\_\_  
(Mailing Address of above Company, HMO, Society or Association)

<u>PREMIUMS</u>	<u>ANNUAL FEE</u>	<u>PREMIUMS</u>	<u>ANNUAL FEE</u>
<b>*\$0 (None)</b>	<b>\$500</b>	\$10,000,000 - \$19,999,999	\$10,000
\$1 - \$499,999	\$750	\$20,000,000 - \$29,999,999	\$12,000
\$500,000 - \$2,499,999	\$1,000	\$30,000,000 - \$49,999,999	\$15,000
\$2,500,000 - \$4,999,999	\$2,500	\$50,000,000 - \$74,990,999	\$17,500
\$5,000,000 - \$7,499,999	\$5,000	\$75,000,000 - \$99,999,999	\$20,000
\$7,500,000 - \$9,999,999	\$7,500	\$100,000,000 AND UP	\$25,000

**\*ANNUAL STATEMENT, ARKANSAS PAGE**      **ADMINISTRATIVE AND FINANCIAL**  
**DIRECT WRITTEN PREMIUMS (2003)**      **REGULATION FEE ENCLOSED**

\$ \_\_\_\_\_      \$ \_\_\_\_\_  
**This amount must be reported on your premium tax filing made March 1, 2005.**

AFFIDAVIT

Comes \_\_\_\_\_ and states on oath that he/she is the  
(Typed Name)

\_\_\_\_\_ of the \_\_\_\_\_  
(Title) (Name of Company, HMO, Society or Association)

And the foregoing statements and reports are true and correct as shown by the records of said  
Licensee for the reporting period January - December 2003.

Signed By: \_\_\_\_\_  
(Written signature same as typed name above.)

Subscribed and affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature (REQUIRED)

\_\_\_\_\_  
Commission Expiration Date (REQUIRED)

County/Parish \_\_\_\_\_  
(REQUIRED)

State/Commonwealth \_\_\_\_\_  
(REQUIRED)

DO NOT WRITE/TYPE IN THIS BOX

CHECK # \_\_\_\_\_

RS # \_\_\_\_\_

Federal Tax Id: 71-0847443

NOTARY SEAL  
OR STAMP  
HERE ONLY